

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lorenzo Care Home, LLC	CHAPTER 100.1
Address: 89-1591 Hoomaike Street, Pearl City, Hawaii 96782	Inspection Date: September 27, 2019

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1, pharmacy labeled container for “Calcitonin 200 unit 1 spray to nose 1x/daily with calcium and Vit D” reads, “Store in Refrigerator Until Opened”. However, two (2) unopened containers stored at room temperature.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (k) Medication errors and drug reactions shall be reported immediately to the physician or APRN responsible for the medical care of the client and shall document observations and action taken in the resident's record.</p> <p><u>FINDINGS</u> Resident #1, improper administration of medication. For example, medication order (1/27/19) instructions for new medication reads, “<u>Store in Refrigerator Until Opened</u>”. However, caregivers did not follow storage instructions prior to making “Calcitonin 200 unit 1 spray to nose 1x/daily with calcium and Vit D” available.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1, primary care giver assessment (PCGA) upon readmission (1/27/19) incomplete as follows:</p> <ol style="list-style-type: none"> 1. Diet order (1/27/19) reads, "Heart Healthy" however, PCGA reads, "Regular". 2. PCGA reads, "Assist in feeding"; however, resident needs complete feeding. 3. No information for "problems chewing or swallowing" however, resident missing teeth. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1, care plan:</p> <ol style="list-style-type: none"> 1. Provides for conflicting diet orders - Mild Congestive Health Failure (MCHF) “Low Salt Diet” and Alteration in Nutrition and Hydration (ANH) “Regular, minced”. 2. At Risk for Falls, reads, “use alarm at night if necessary”; however, no alarm available. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____